Instrument Prepared by: UNOFFICIAL COLUMN AND ADDRESS OF THE PROPERTY OF THE P
SUSU SAMUSET TRAIL Doc#: 1407950109 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough
SILUCIE, IL GUUZG Karen A. Yarbiough Cook County Recorder of Deeds Decrased Joint Tenancy Affidavit Date: 03/20/2014 12:52 PM Pg: 1 of 3
being duly swom states that Adalys Riverous 9050. SAMOSET TRAIL on the City of SKOKIE, FL 60026.
that ABALY'S Pivero The Lord 4833 N. WINCHESTER AVENT The time of
leath, was one of the owners of the kind in 4833 YI. WINCHESTER AVECUNTY, Illinois, described as: ATINCH LEGAL DESCRIPTION
that the deceased died $8-18-2007$, as evidenced by a certified copy of eath pertificate of the deceased attached hereto.
hat the deceased died:
Leaving no Last Will & Testament. Leaving a Last Will & Testament a copy of which is attached here. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of County, Iffinois.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Croud Count of
the total value of the estate of the deceased, including both real and personal property owned by the deceased the rindividually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of the deceased, dollars.
fiant makes this affidavit for the purpose of transferring title for the above described real property from the deceased intowner to the surviving joint tenant(s).
bscribed and swom to before me by the said
Eddys Rivero March AD 2014
Motary Public (Affight's Signature)
OFFICIAL SEAL GLORIA RIHANI Notary Public - State of Illinois

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Property of Cook County Clerk's Office



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STATE OF ILLINOIS (County of Cook)

UNOFFICIAL COPY

DAVID ORR, COUNTY CLERK

March 6, 2014

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do herby certify that the Attached, is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. On

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.	36	•	STATE OF I		•	N	STATE FILE JUMBER	
·	REGISTERED 25321 MEDICAL CERTIFICATE OF DEATH								
Type or Print in	D'CSASED-NAME	FIRST	MIDDLE	LAST		SEX		TH (MONTH, DAY, YEAR)	
PERMANENT INK See Funeral Directors.		restes		Rivero	,	2 Male	3. Augus	t 18, 2007	
Hospital, or Physicians	CO'NTY OF DEATH		AGE-LAST BIRTHDAY (YAS)	UNDER 1 YEAR		dini .	BIRTH (MONTH, DA'		
Handbook for INSTRUCTIONS	4. Coun		5a 51	5h	15c. I	5d. J	ıly 18, 1	956	
İ	CITY, TO ALT AP OR ROAD D	ISTRICT NUMBER	HOSPITAL OROTH			EITHER, GIVESTRI	ETAND NUMBER)	IF HOSP, OR INST, INDICOPPEMER, RM, INPATIEN 6c. Home Hos	
A	6a. Skokie BIRTHPLACE (CITYAND /AYEO	MARRIED NEV	66. 9050 S	INAMEOP SUF	YIVING SPOUS	E (MAIDEN NAME	tFWIFE)	WASDECEAS	EDEVERINU.S. CEST (YES/NO)
DECLASED	FORE(GN COUNTRY)		/ERMARRIED, /ORCED (SPECIFY)	1				9. No	•
	7. Cuba social security number	8a Marr		8b. AC	lalvs I NESSORINDU	STRY EDUC	ATION (SPECIFYON	LY HIGHEST GRADE COMPLE	
В					t Foods	Eleman	ary/Secondary (0-12)	College (1-4 or 5+)	'
C	10. RESIDENCE (STREET AND NUMB	111a. Sc1	entist CITY	TOWN, TWP, O	A ROAD DISTR	ICT NO.	INSIDE CITY	COUNTY	
D	13a 9050 Samoset	Trail	136.		kie		(YES/NO) Yes	13d. Cook	•
E		ZIP CODE	ACE (WHITE, BLACK, A	MERICAN (OF HISPANIC OF	RIGIN? (SPECIFY	NO OR YES-IF YES, SP	BCIFY CUBAN, MEXICAN, PUB	RTORICAN, etc.)
	13e. Il inois	_{131.} 60076 💃	White	4.	14b. NO	Υ Σ Ι¥YES	SPECIFY:	Cuban	
	FATHER-NAME FIRST	MIDOLE	LAST		MOTHER-NAME	7.77	MIDDLE	(MAIDEN)	LAST
PARENTS	15. Oreste	es F.	Rivero			Marta		Rodriguez	
•	INFORMANT'S NAME (TYPE OF	PRINT)		ELATIONSHIP	MAILING	ADDRESS (STR	ETANDNO, OR P.F.D.	CITY OR TOWN, STATE, ZIP	60036
•	17a Adalys Raves	ro	9	, _{7b} ,Wife∀	17c. 9(050 Samo	set Trail	l Skokie, Il	1. 60076
2	18 PARTI.	riter the diseases, or con	pilcations that caused	tradian Donole	enter the mode of	i dyinig, such as ce	rdiac or respiratory s	arrest, APPROXIM	TE MTERVAL SET AND DÉATH
2	8 Immediate Cause (Final	hock, or heart failure. Li	at only one cause on	esca Mir.					1 1
9	disease or condition	→ (a) Luni	· Cancer					Uncer	411
	resulting in death)	DUE TO, OR AS A C	NSEQUENCE OF			ė	•	,	•
414114144	CONDITIONS, IF ANY WHICH GIVE RISE TO	(6)		<u> </u>	<u> </u>				
CAUSE	(MMEDIATE CAUSE (a) STATING THE UNDERLYING	DUETO, ORASA	CONSEQUENCE OF		(0)	6.		1	
	GAUSE LAST.	(c)				/	AUTOPSY	WERE AUTOPSY PRIORIGS	AVAILABLE PRIOR TO
4	PARTII. Other significant condition	na contributing to death but no	nt resulting in the underlying	oayse given in PART	l. `	0.1	(YEB/NO)	COMPLETION OF CAUSEON	DEATH? (VESAIC)
5		`				_0_	19a. No	19b. WALE WASTHERE APREGNA	NCY IN PAST
N	DATE OF OPERATION, IF ANY	MAJORFINDI	NGS OF OPERATION			(THRE	EMONTHS?	
P	208	20b.		i .		WAS CODONED	[20c. 전세된 (전체 THC	YES NO L	
	(LOID) OID NOT) ATTEND THE AND LAST SAW HIM/HER ALIV	EDECEASED (MONT	H, DAY, YEAR)			WAS CORONER EXAMINER NOT	FIEC (MENO)	OPOO AM	, M
		4 000 5	MED AT SUBTUAL DA	TE AND DE AGE A		21b. No			H, DAY, YEAR)
		DGE, DEATHOCCOR	CO THE TIME, DA	IEANDPLACEA	ND DOC 10 III		The second secon	ab 8/20/20	רסי
CERTIFIER	22a. SIGNATURE	TIFIER (TYPEOR	year me	<u> </u>				LINOIS LICENSE NUMBE	R
	NAME AND ADDRESS OF CER				د ا		10025/2	_{2d.} 036- 113.	303
	NAME OF ATTENDING PHYSI	M.0. 24	SO Claire	EORPRINT)	Olenv	KM TT	, NC	TE-IF AN INJURY WAS INVO	LYEDINTHIS
	j	GIANT POTTER TONIC	Aministra (122)					ATH THE CORONATOR MED IST BE NOTIFIED.	ICAL EXAMINER
	23. BURIAL, CREMATION,	ICEMETERY OR CR	EMATORY_NAME	ILO	CATION	CITYORTOWN	STATE	DATE MONT	H, DAY, YEAR)
·	REMOVAL (SPECIFY)			١	Forest	Donk	Illinois	24dA11g.	22, 200
	248 Cremation FUNERAL HOME	NAME	wn Cremato	NO NUMBER OR R.I		CITY OR TO		STATE	ZIP
DISPOSITION	25s Drake & Sor		5202-N	Wootes	Awani	a Chica	oo. Illin	ois 60625	
	FUNERAL DIRECTOR'SSIGN	ATURE	one 330 N						
	250. Malan		XIKIN	(MELV)	IN R. LI	(DEN)		-011433 ₃ ,	
	LOCAL REGISTRAR'S SIGNA		11 10	Λ			DATE FILED BY LOCAL	REGULAN CONSTRUCTION	2007
	26a. ►	Zowell	Huckle	berry		1	26b.	710010,00	
	VR200 (Rev. 5/89)	, mr	nois Department of Pu	blic Health Divis	ion of Vital Rec	ords		BASEDON 1988 U.S. STANEY	AD CERTIFICATE!

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ÜNOFFICIAL COPY

LOT 27 IN BLOCK 5 IN NORTH RAVENSWOOD, BEING A SUBDIVISION OF THE SOUTHWEST 1/4
OF THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 11, EAST OF THE
OFTHE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 40 NORTHWESTERN 2 ALLROAD
THIRD PRINCIPAL MERIDIAN, (EXCEPT THE CHICAGO AND NORTHWESTERN 2 ALLROAD
THIRD PRINCIPAL MERIDIAN, (EXCEPT THE CHICAGO AND NORTHWESTERN 2 ALLROAD
RIGHT-OF-WAY), IN COOK COUNTY, ILLINGIS.